

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH130334
State File No.

FILED APR 14 1953

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>47 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		1082	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>507 South Cedar</u>				d. STREET ADDRESS (If rural, give location) <u>507 South Cedar</u>			
3. NAME OF DECEASED (Type or Print) <u>Rosa</u>		a. (First) <u>May</u>		b. (Middle) <u>O'Dell</u>		c. (Last) <u>O'Dell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1953</u>		5. SEX <u>Fm</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>March 5 1878</u>		9. AGE (In years last birthday) <u>75</u>		10. UNDER 1 YEAR Months Days <u>75</u>		11. UNDER 1 YEAR Hours Min. <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sylvester Garrison</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Cheek</u>		14. NAME OF HUSBAND OR WIFE <u>Austin A. O'Dell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Flossie D. Goodson, Wichita, Kans.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced age</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Several years.</u>	
19a. DATE OF OPERATION <u>4222</u>		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>		21d. HOW DID INJURY OCCUR? <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>1950</u> , to <u>April 6, 1953</u> , that I last saw the deceased alive on <u>April 5, 1953</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Willie Mae</u>		(Degree or title)		23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>4-11-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 19 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deepwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-11-53</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u>		ADDRESS <u>Nevada, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

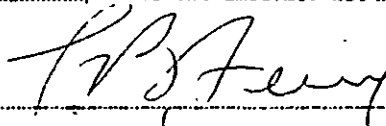
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 1760

P. O. Address. Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.